


ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

| | | | |
|--|---|---|--|
| <p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 488-9962 or by e-mail at CobleC@mail.co.leon.fl.us</p> <p>Applications will be discarded if no appointment is made after two years.</p> | |  | |
| Name: <u>Marilee K. Smith</u> | | Date: <u>6-7-04</u> | |
| Home Phone: | Work Phone: <u>922-3300</u> | Email: <u>smithm@mail.co.leon.fl.us</u> | |
| Occupation: <u>deputy sheriff</u> | Employer: <u>Leon County Sheriff's Ofc.</u> | | |
| Please check box for preferred mailing address. | | | |
| <input checked="" type="checkbox"/> Work Address: <u>2825 Municipal Way</u> | | | |
| City/State/Zip: <u>Tallahassee, Fla. 32304</u> | | | |
| <input type="checkbox"/> Home Address | | | |
| City/State/Zip: | | | |
| Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| For how many years have you lived and/or owned property in Leon County? <u>43</u> years | | | |
| Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference | | | |
| 1st Choice: <u>Dangerous Dog</u> (currently serving) 2nd Choice: _____ | | | |
| If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check these areas in which you are interested, or describe other areas not listed: | | | |
| Human Services __ Housing __ Health Care __ Science __ Library Services __ Growth Management __ | | | |
| Tourist Development __ Transportation __ Bicycle/Pedestrian __ Metropolitan Planning Organization __ | | | |
| Other Areas _____ | | | |
| Have you served on any previous Leon County committees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| If Yes, on what Committee(s) have you served? _____ | | | |
| How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more | | | |
| And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input type="checkbox"/> 6 or more | | | |
| What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night | | | |
| (OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals. | | | |
| Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other | | | |
| Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Age: <u>47</u> Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.fl.us | | | |

RECEIVED
JUL 01 2004
18

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

High School Education, Law Enforcement Standards, Deputy Sheriff for 20 years, certified law enforcement instructor through FDLE.

References (you must provide at least one personal reference who is not a family member):

Name: Capt. Hayward Walker Telephone: 922-3316

Address: 2825 Municipal Way Tallahassee

Name: lt. Linda Butler Telephone: 922-0732

Address: 2825 Municipal Way Tallahassee

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP
AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? ☐ Yes ☒ No

Are you willing to complete a financial disclosure form, if applicable? ☐ Yes ☒ No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom?

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes ☒ No

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain

Do you or your employer, or your wife or child or their employers, do business with Leon County? ☐ Yes ☒ No
If yes, please explain I work for the Leon County Sheriff's Office.


Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No
If yes, please explain

All statements and information provided in this application are true to the best of my knowledge.

Signature: Maile H. Smith

Please return Application to
Christine Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, FL 32301

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

| | | | |
|--|-----------------------------|---|--|
| <p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 488-9862 or by e-mail at CobleC@mail.co.leon.fl.us</p> <p>Applications will be discarded if no appointment is made after two years.</p> | |  | |
| Name: <u>Robert Werner</u> | | Date: <u>7/29/04</u> | |
| Home Phone: <u>668-2082</u> | Work Phone: <u>644-4262</u> | Email: <u>RWerner@mlr.fsu.edu</u> | |
| Occupation: <u>Lab Technician</u> | Employer: <u>FSU</u> | | |
| Please check box for preferred mailing address. | | | |
| <input type="checkbox"/> Work Address: <u>1163 Seminole Drive</u> <u>home</u> City/State/Zip: <u>Tallahassee FL 32301</u> | | | |
| <input type="checkbox"/> Home Address: <u>101 Biomedical Research Facility</u> <u>WVH</u> City/State/Zip: <u>FSU</u> <u>Tallahassee FL 32306-4341</u> | | | |
| Do you live in Leon County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you own property in Leon County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| For how many years have you lived and/or owned property in Leon County? <u>14</u> years | | | |
| Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference | | | |
| 1st Choice: <u>Payroll Union Classification Committee</u> 2nd Choice: _____ | | | |
| If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check these areas in which you are interested, or describe other areas not listed: | | | |
| Human Services __ Housing __ Health Care __ Science __ Library Services __ Growth Management __ Tourist Development __ Transportation __ Bicycle/Pedestrian __ Metropolitan Planning Organization __ | | | |
| Other Areas _____ | | | |
| Have you served on any previous Leon County committees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If Yes, on what Committee(s) have you served? <u>Payroll Union Classification Committee</u> | | | |
| How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more | | | |
| And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more | | | |
| What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night | | | |
| (OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals. | | | |
| Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other | | | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9862 or e-mail at CobleC@mail.co.leon.fl.us | | | |

ATTACHMENT # 3
PAGE 4 OF 17

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

I have served on the Dangerous Dog Classification Committee for several years see attached CV for experience.

References (you must provide at least one personal reference who is not a family member):

Name: Jim Smith Telephone: 576-1533
Address: 1210 Domingo Drive Tallahassee, FL 32304

Name: _____ Telephone: _____
Address: _____

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP
AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? ☐ Yes ☒ No
Are you willing to complete a financial disclosure form, if applicable? ☐ Yes ☒ No
Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom? _____
Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes ☒ No
Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain _____
Do you or your employer, or your wife or child or their employers, do business with Leon County? ☐ Yes ☒ No
If yes, please explain _____
Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No
If yes, please explain _____

All statements and information provided in this application are true to the best of my knowledge.

Signature: *[Signature]*

Please return Application to

Christine Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, FL 32301

ATTACHMENT # 3
PAGE 5 OF 17

Curriculum Vitae
Robert Marshall Werner, DVM
Director, Laboratory Animal Resources
Florida State University
101 Biomedical Research Facility
Tallahassee, FL 32306-4341

Telephone: (850) 644-4282 FAX: (850) 644-5570 E mail: rwerner@mailier.fsu.edu

ACADEMIC QUALIFICATIONS:

1970 - D.V.M. University of Georgia, Athens, Georgia

July 1977 - Elected Diplomate in the American College of Laboratory Animal Medicine

OFFICES HELD:

Education Chairman, National Capital Area Branch of the American Association for Laboratory Animal Science (NCAB AALAS), 1980 to 1982.

Chairman Annual Seminar (NCAB AALAS), 1985 to 1986.

Trustee, AALAS, 1983 to 1985.

Executive Committee, AALAS, 1984 to 1985.

Board of Directors and Secretary, Organization for Artificial Reefs, 1985

MEMBERSHIP OF SCIENTIFIC AND OTHER ORGANIZATIONS:

American Veterinary Medical Association

Omega Tau Sigma Veterinary Fraternity

American Association for Laboratory Animal Science

American College of Laboratory Animal Medicine

American Society of Laboratory Animal Practitioners

Florida Big Bend Veterinary Medical Association

STATES AND DATES OF PROFESSIONAL LICENSURE (Registry Number):

Georgia - 1970 (1466)

North Carolina - 1970 (795)

Florida - 1970 (1378)

Maryland - 1975 (1835)

CONSULTANCIES:

American Association for Accreditation of Laboratory Animal Care, Bethesda, MD, 1983 to 1991 as ad hoc consultant and Council member from 1991 to 1999, reelected to Council Jan, 2001;

Children's Hospital National Medical Center, Washington, D.C., Jan. 1989 - 1990; Department of Veterans Affairs, Secondary Animal Protocol Review Panel, 1/94 to present; Florida A&M University February 1996 to present; University of Florida, June 2002 to present; University of Miami, June 03 to present; Miami Children's Hospital June 03 to present; University of Virginia, November 2003; Florida Atlantic University May 04 to present; Pathology Associates a Charles River Company, Frederick MD, Director, Office of Veterinary Services, 1999 to 2002.

POST-GRADUATE EDUCATION:

Residency in Laboratory Animal Medicine, US Army, Edgewood Arsenal, Maryland, 1974 to 1977.

Armed Forces Institute of Pathology Systemic Pathology Training, AFIP, Washington, D.C., 1980 to 1983.

GRANT SUPPORT:

PI, laboratory animal care, 1.7 million dollar program project grant from the National Institute of Deafness and other Communicative Disorders, titled "Influence of Early Salt on Taste and Blood Pressure". This grant is awarded for the period July 1996 to July 1999. Approximately 15% effort on this project.

TEACHING EXPERIENCE:

BSC 4933, Field Techniques in Marine Biology, Summer course 1996 & 1997, co-instructor

BSC 4933, The Use of Laboratory Animals in Research, Fall 1997, Spring 1999, instructor

Fundamentals of Bioengineering, animal use and surgery section, Fall 2000 to present, instructor

PROFESSIONAL EXPERIENCE: See attached detailed experience

PUBLICATIONS: See attached bibliography

Robert M. Werner, D.V.M.

DETAILED PROFESSIONAL EXPERIENCE

Florida State University: December 80 to present, Director, Department of Laboratory Animal Resources

The Florida State University Department of Laboratory Animal Resources is responsible to the Provost, and serves approximately 50 investigators, primarily in the departments of Psychology & Biology, and the College of Medicine, occupying animal research space of 75,816 sq. ft. The department has a staff of 18 and provides a complete laboratory animal care and use program, including provision for medical and diagnostic services, animal procurement services, management of animal research space, supervision, and advice on animal use issues. As the Director of the department, I am responsible for providing comprehensive medical and diagnostic services for laboratory animals, and for providing surgical and animal research expertise and training to investigators, as well as independently managing and planning the animal care and use program. I provide supervision, advice, and training on animal care and use to investigators and department heads and ensure their compliance with animal use guidelines. I also serve as spokesperson for the University on issues related to animal care and use. In addition, I teach courses related to the use of laboratory animals in research, as well as co-instruct courses on field techniques in marine biology.

Pathology Associates, a Charles River Company: Oct 89 to Jan 2002, Director, Office of Veterinary Services (consultant)

In this position I provided support to the PAI contract management team. I advised PAI management on veterinary issues, visited contract work sites to evaluate and advise on compliance with "Guide" requirements on animal care and use, enhanced communication and provided issue resolution regarding veterinary matters between contract and government management, and provided oversight of contract supplied veterinary services.

National Institute on Alcohol Abuse and Alcoholism, ADAMHA: October 86 to December 90, Staff Veterinarian: Head, Laboratory Animal Care and Use Program

The NIAAA Intramural program was composed of approximately 120 research staff conducting research with rodents at two sites, with animal space of approximately 3,000 sq. ft. and average annual animal inventory of approximately 15,000. I provided medical/surgical care for all NIAAA laboratory animals through regular monitoring of colonies, therapeutic medicine and surgery, providing a diagnostic and preventive medicine program, and attending to veterinary emergencies. I provided supervision, training, and advice on animal care and use to investigators and Lab Chiefs and insured compliance with all animal welfare laws, regulations, and guidelines. I interacted with the Division Director and Lab Chiefs to plan and implement use of animal research space, provided oversight of animal care on the NIH campus, and acted as project officer for contractor provided animal care service. I served as consultant for ongoing breeding projects to develop alcohol tolerant rat stocks and acted as liaison with VRB and NIH on this and other cooperative projects. I consulted with the NIAAA extramural program and other ADAMHA agencies on laboratory animal care and use and represented NIAAA on the NIH Animal Care Committee, the Trans-NIH Coordinating Committee, the Management Issues Action Board, the NIAAA Animal Welfare Committee, and the ADAMHA Animal Welfare Committee. I also represented ADAMHA on the Interagency Research Animal Committee.

ATTACHMENT #

3

PAGE

7

of

17

Muncaster Mill Veterinary Clinic: September 81 to December 80 Self-Employed Small Animal Practitioner

I operated a part-time private small animal practice in my home which included outpatient medical care, maintenance of drug inventories, purchase of supplies and equipment, financial record management, routine and emergency outpatient diagnosis and treatment, post mortem examinations and reports, and exotic animal diagnosis and treatment.

National Institute of Mental Health ADAMHA: November 84 to October 86 Chief, Section on Laboratory Animal Medicine and Care

This Section was composed of 18 animal care staff and provided a complete laboratory animal care and use program, including provision for medical and diagnostic services (3,500 animals, average inventory), animal procurement services (48,586 animals/year), management of animal research space (28 rooms, 10,000 sq. ft.), supervision and advice on animal use issues (316 investigators). As Chief of the section, I was responsible for providing comprehensive medical and diagnostic services for laboratory animals and providing surgical and animal research expertise and training to investigators as well as independently managing and planning the animal care and use program. I also gave supervision and advice on animal care and use to investigators and laboratory chiefs, and ensured their compliance with animal use guidelines. I interacted with the program director and laboratory chiefs and planned the use of animal research space. I also served as consultant to investigators and laboratory chiefs for satellite laboratories at St. Elizabeth's Hospital, Washington D.C., and NIH Animal Center, Poolesville, MD, and represented ADAMHA on the NIH Animal Research Committee and the Trans-NIH Coordinating Committee.

Small Animal Section, Veterinary Resources BR., NIH: September 81 to November 84 Veterinary Medical Officer

In this position I directed the Veterinary Resources Branch (VRB) Quality Assurance Program for microbiological monitoring and disease surveillance of small animals. This program entailed coordinating the efforts of approximately 100 personnel in the Small Animal Section (SAS) and Comparative Pathology Section (CPS). I also performed investigations in conjunction with the CPS regarding the health status of animals raised by or contracted for the SAS. In addition, I provided consultative services on the health and research utilization of rodents and rabbits to NIH investigators and others. I also conducted independent and collaborative research with SAS staff members and other investigators regarding health and research utilization of rodents.

Office of Laboratory Animal Science, National Cancer Institute, NIH: September 79 to 81 Head, Comparative Medicine

In this position I served as professional advisor and consultant to NCI investigators and other government and civic groups on animal disease, surgery, colony management, and animal procurement for medical research. I was responsible for initiating and carrying out a program for clinical assessment, management, and quality control of experimental animals used by NCI. I served as research advisor on protocol design and animal model selection and, in addition, I lectured and conducted training programs to highlight diseases and management practices that complicate research. I also conducted and coordinated research related to laboratory animal care and use.

Medical Research Unit, Institute for Medical Research, Kuala Lumpur, Malaysia, US Army: August 77 to August 79

Chief, Department of Lab Animal Resources

My duties in this position included management of the US Army unit animal colony (rabbits, rodents, dogs, nonhuman primates), lecturer for tropical disease courses given at the Institute for Medical Research, Consultant to the professional staff of the National Zoo of Malaysia, Laboratory Animal Medicine, and Pathology consultant to the staff of the Institute for Medical Research. Independent research efforts included experimental *Ehrlichia canis* infection in dogs, feasibility study of captive breeding of cynomolgus monkeys in Malaysia, and determination of the suitability of the cynomolgus monkey as an animal model for scrub typhus research.

Veterinary Medicine Division, Biomedical Laboratory, Edgewood Arsenal, US Army: September 74 to August 77, Veterinary Officer

During this assignment, I was a precept in the Army - Edgewood Arsenal - Laboratory Animal Medicine Preceptorship Program. Other duties included: management of an SPF rodent breeding facility, clinical supervision of animals on experiment (rabbits, rodents, nonhuman primates, dogs, and cats), quality control, and microbiological monitoring of all in-house produced animals as well as those purchased from outside sources. I was also principal investigator in projects to evaluate the opossum as an experimental animal including resistance of the opossum to snake venom and potential use for teratological studies.

Sandy Springs Animal Clinic, Atlanta, GA: June 73 to September 74
Small Animal Clinician

I was engaged in various aspects of private small animal practice at this position which included medical care of hospitalized animals, supervision of hospital staff, maintenance of drug inventories, purchase of supplies and equipment, financial record management, routine and emergency outpatient diagnosis and treatment, clinical record systems development, diagnostic laboratory management, routine and emergency soft tissue and orthopedic surgery, post mortem examinations and reports, and exotic animal diagnosis and treatment.

Fort Detrick Research Lab - Virus Rickettsia Division and US Army Medical Research Institute of Infectious Diseases, US Army: October 70 to June 73, Veterinary Officer

Responsibilities included laboratory animal management, care, and basic research. In addition to responsibilities for care of horses, nonhuman primates, and rodents used in virological research, I supervised a colony of wild animals including groundhogs, squirrels, skunks, opossums, wild rabbits, muskrats, weasels, raccoons, and wild rats. Capture, colony management, disease control and prevention, and safety procedures were under my supervision. I developed systems for feeding, housing, restraint, anesthesia, and daily blood sampling for all of these wild animals which were used in virological research. In addition, I carried out independent virological research involving Venezuelan Equine Encephalitis. Conventional laboratory animals as well as wild animals were evaluated for clinical disease, serological response, and degree of viremia when infected with virulent VEE as well as TC83 vaccine strain of VEE. I was also responsible for post mortem examination of animals involved in these studies and for the reporting of results. I also conducted independent research involving experimental surgery of the gastrointestinal and cardiovascular systems of nonhuman primates to develop physiological monitoring systems for the study of various infectious diseases.

ATTACHMENT # 3
 PAGE 9 of 17

BIBLIOGRAPHY


Robert Marshall Werner

1. Werner, R.M. and Vick, J.A.: Resistance of the Opossum (*Didelphis virginiana*) to Envenomation by Snakes of the Family Crotalidae. Toxicon, 15:29-33, 1977.
2. Werner, R.M., Balady, M.A. and Kolaja, G.J.: Phycomycotic Dermatitis in an Eastern Indigo Snake. VM/SAC, 73(3):362-363, 1978.
3. Werner, R.M., and Faith, R.E.: Decrease in the Lethal Effect of Snake Venom by Serum of the Opossum, *Didelphis marsupialis*. Laboratory Animal Science, 28(5):710-713, 1978.
4. Shirai, A., Huxsoll, D.L., Montrey, R.D., Werner, R.M., and Arimbaleam, S.: Experimental *Rickettsia tsutsugamushi* Infection in Dogs. Jap. J. Med. Sci. Biol., 32(3):175-178, 1979.
5. Shirai, A., Montrey, R.D., Werner, R.M., Arimbaleam, S., and Huxsoll, D.L.: Clinical Responses of Silvered Leaf Monkeys to Infection with Selected Strains of *Rickettsia tsutsugamushi*. J. Inf. Dis., 140(5):811-814, 1979.
6. Shirai, A., Montrey, R.D., Werner, R.M., Arimbaleam, S., and Huxsoll, D.L.: Comparison of Experimental *Rickettsia tsutsugamushi* Infections in Silvered Leaf (*Presbytis cristatus*) and Cynomolgus *Macaca fascicularis* Monkeys. Jap. J. Med. Sci. Biol., 32(6):345-351, 1979.
7. Werner, R.M., Montrey, R.D., Roberts, C.R., Tsay, A.C.T., and Huxsoll, D.L.: Establishment of a Cynomolgus Monkey (*Macaca fascicularis*) Breeding Colony in Malaysia: A Feasibility Study. Laboratory Animal Science, 30(3):671-674, 1980.
8. Werner, R.M., Dohary, A.L., Vanniasingham, J.A., and Huxsoll, D.L.: Screwworm Myiasis Caused by *Chrysomya bezziana* in Zoo and Domestic Animals in Malaysia: A Report of Three Cases. Proceedings, 84th Annual Meeting, U.S. Animal Health Association, 339-342, 1980.
9. Werner, R.M., Allen, A.M., Small, J.D., and New, A.E.: Clinical Manifestations of Mousepox in an Experimental Animal Holding Room. Laboratory Animal Science, 31(5):690-694, 1981.
10. Allen, A.M., Clarke, G.L., Ganaway, J.R., Lock, A., and Werner, R.M.: Pathology and Diagnosis of Mousepox. Laboratory Animal Science, 31(5):699-808, 1981.
11. Wallace, G.D., Werner, R.M., Gotway, P.L., Hernandez, D.M., Ailing, D.W., and George, D.A.: Epidemiology of an Outbreak of Mousepox at the National Institutes of Health. Laboratory Animal Science, 31(5):809-815, 1981.
12. Shirai, A., Huxsoll, D.L., Dohary, A.L., Montrey, R.D., Werner, R.M., Gen, E.E.: Characterization of *Rickettsia tsutsugamushi* strains in two species of naturally infected, laboratory reared chiggers. Am. J. Trop. Med. Hyg., 3(2):395-402, 1982.
13. Patrick, D.H., Werner, R.M., and Lewis, L.L.: Clinical Chemistry Values of the N:NIH (a) Mice and Parameter Variations Due to Sampling Techniques (abstracts). Laboratory Animal Science, 33(5):504, 1983.
14. Gardiner, C.H., and Werner, R. M.: Polypoid Gastritis in a Scaly Anteater Caused by Larvae of *Gendaspisura* sp. J. Wildlife Dis., 20(1):68-70, 504, 1984.
15. Michaels, O.E., Patrick, D.H., Hansen, C.T., Canary, J.J., Werner, R.M., Carawell, N.: Insulin -

Independent Diabetes Mellitus (Type II) Spontaneous Hypertensive/NIH Corpulent Rat. Am. J. Pathology: Animal Model Series, 123(2):398-400, 1988.

16. Liebelt, A.G., Sasa, B., Sobel, H.J., and Werner, R.M.: Spontaneous Nephroblastoma in a Strain CE/J Mouse. A Case Report. Toxicologic Pathology, 17(1)(part 1):87-91, 1988.
17. Grant, K.A., Werner, R.M., Hoffman, P.L., and Tabakoff, B.: Chronic Tolerance to Ethanol in the N:NIH Rat. Alcoholism: Clin. and Exp. Res., 13(3):402-406, 1989.
18. Werner, R.M., Stanton, G.R., Schmale, M.C., and Bernstein, J., Tumors of Gray Snapper (Mangrove Snapper) in the Florida Keys (Dry Tortugas to Biscayne Bay). Proceedings Third International Symposium on Aquatic Animal Health, 8/30 - 9/3/88, Baltimore Maryland.
19. Davidson, A.J., Aragona, B.J., Werner, R.M., Schroeder, E., Smith, J.C., & Stephan, F.K. Food-anticipatory activity persists after olfactory bulb ablation in the rat. Physiol. Behav. 72:231-236, 2001

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

| | | |
|---|--------------------------------|---|
| <p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 486-9862 or by e-mail at CobleC@mail.co.leon.fl.us</p> <p>Applications will be discarded if no appointment is made after two years.</p> | |  |
| Name: Mary R. Burch, Ph.D. | | Date: 9/27/04 |
| Home Phone: 850-877-2901 | Work Phone: same | Email: dogs@netally.com |
| Occupation: Program Director | Employer: American Kennel Club | |
| <p>Please check box for preferred mailing address.</p> <p><input checked="" type="checkbox"/> Work Address:</p> <p>City/State/Zip:</p> | | |
| <p><input checked="" type="checkbox"/> Home Address 2213 Napoleon Bonaparte Drive</p> <p>City/State/Zip: Tallahassee, FL 32308</p> | | |
| <p>Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>For how many years have you lived and/or owned property in Leon County? <u>30</u> years</p> <p>Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference</p> <p>1st Choice: Leon Co. Animal Control Advisory Committee</p> | | |
| <p>If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:</p> <p>Human Services ___ Housing ___ Health Care ___ Science ___ Library Services ___ Growth Management ___</p> <p>Tourist Development ___ Transportation ___ Bicycle/Pedestrian ___ Metropolitan Planning Organization ___</p> <p>Other Areas _____</p> | | |
| <p>Have you served on any previous Leon County committees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, on what Committee(s) have you served? <u>Years ago, was on the Dangerous Dog Classification Committee (Cathy English was the Animal Control Director then)</u></p> | | |
| <p>How many days per month would you be willing to commit for Committee work? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more</p> <p>And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more</p> <p>What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> Night</p> | | |

ATTACHMENT # 3
PAGE 12 OF 17

(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals.

Race: ☒ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Other
Sex: ☐ Male ☒ Female Age: 52 Disabled? ☐ Yes ☒ No

Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-8862 or e-mail at CobleC@mail.co.leon.fl.us

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

I am currently the Director of the AKC Canine Good Citizen Program, a program that teaches responsible dog ownership to owners. I have been a lobbyist on Dangerous Dog issues and although I am not current, I was certified as an animal control officer. I am one of less than 50 Certified Applied Animal Behaviorists in the United States and I have developed a nationally recognized assessment for shelter dogs. I have written books (eg, How Dogs Learn) about canine behavior and I have been featured as the behavior expert in several magazine articles pertaining to cats.

Up until about 1 year ago, I was a volunteer at the TLC Animal Shelter, where I volunteered several hundred hours between 2001 and 2003.

References (you must provide at least one personal reference who is not a family member):

Name: Gretchen Waldo, Big Bend Animal Welfare Coalition
Telephone: _____

Address: Tallahassee, FL

Name: _____ Telephone: _____

Address: _____

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? ☒ Yes ☐ No

Are you willing to complete a financial disclosure form, if applicable? ☐ Yes ☒ No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom? _____

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes ☒ No

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain _____

Do you or your employer, or your wife or child or their employers, do business with Leon County? ☐ Yes ☒ No

If yes, please explain _____

ATTACHMENT # 3
PAGE 13 OF 17

Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No
If yes, please explain _____


All statements and information provided in this application are true to the best of my knowledge.

Signature: Mary R. Burch 9/27/04

Please return Application to

Christine Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, FL 32301

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

| | | |
|---|---|---|
| <p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 488-9962 or by e-mail at CobleC@mail.co.leon.fl.us</p> <p>Applications will be discarded if no appointment is made after two years.</p> | |  |
| Name: <u>WILLIAM (BILL) HURLBUT</u> | | Date: <u>08-31-04</u> |
| Home Phone: _____ | Work Phone: <u>891-4333</u> | Email: <u>hurlbutw@talgov.com</u> |
| Occupation: <u>POLICE OFFICER</u> | Employer: <u>CITY OF TALLAHASSEE POLICE DEPT.</u> | |
| Please check box for preferred mailing address. <input checked="" type="checkbox"/> Work Address: <u>234 EAST 7TH AVE</u> City/State/Zip: <u>TALLAHASSEE FL 32303</u> | | |
| <input type="checkbox"/> Home Address _____ City/State/Zip: _____ | | |
| Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No For how many years have you lived and/or owned property in Leon County? <u>25</u> years | | |
| Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference 1st Choice: <u>Dangerous Animal Classification</u> 2nd Choice: <u>NATIONAL CONTROL ADVISORY Comm.</u> | | |
| If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed: Human Services __ Housing __ Health Care __ Science __ Library Services __ Growth Management __ Tourist Development __ Transportation __ Bicycle/Pedestrian __ Metropolitan Planning Organization __ Other Areas _____ | | |
| Have you served on any previous Leon County committees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, on what Committee(s) have you served? <u>Dangerous Animal Classification - Current + Past 12 years</u> | | |
| How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> Night | | |
| <p>(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals.</p> <p>Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Age: <u>45</u> Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>* Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.fl.us</p> | | |

* Home Address / Personal Information confidential per F.S. 119.
Phone Number _____

LAW ENFORCEMENT OFFICER
Exemption.

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

Professional Police K-9 Handler For 16 years current
Past AKC Dog Obedience Competition Titles
Active Member United States Police Canine Association - Working towards judge status certification
Member Leon County Dangerous Animal Classification Committee currently and for past 12 years

References (you must provide at least one personal reference who is not a family member):

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? ☒ Yes ☐ No

Are you willing to complete a financial disclosure form, if applicable? ☐ Yes ☒ No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom? _____

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes ☒ No

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☒ Yes ☐ No If yes, please explain IF PERSON INVOLVED WERE A FRIEND

Do you or your employer, or your wife or child or their employers, do business with Leon County? ☐ Yes ☒ No
If yes, please explain _____


Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No
If yes, please explain _____

All statements and information provided in this application are true to the best of my knowledge.

Signature: [Signature]

Please return Application to
Christine Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, FL 32301

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

| | | | |
|---|-----------------------------|---|--|
| <p>It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact Christine Coble by telephone at 488-9962 or by e-mail at CobleC@mail.co.leon.fl.us</p> <p>Applications will be discarded if no appointment is made after two years.</p> | |  | |
| Name: <u>Judith McMurtry</u> | | Date: <u>8/5/04</u> | |
| Home Phone: <u>562-5100</u> | Work Phone: <u>487-3070</u> | Email: <u>Judithm@mail.co.leon.fl.us</u> | |
| Occupation: <u>Admin Assoc. III</u> | Employer: <u>LCBCC</u> | | |
| Please check box for preferred mailing address. | | | |
| <input type="checkbox"/> Work Address: City/State/Zip: | | | |
| <input checked="" type="checkbox"/> Home Address <u>1400 Rococo Rd.</u> City/State/Zip: <u>Tall. Fla. 32309</u> | | | |
| Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own property in Leon County? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No For how many years have you lived and/or owned property in Leon County? <u>40</u> years | | | |
| Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference | | | |
| 1st Choice: <u>Dangerous Animal</u> 2nd Choice: <u>Advisory</u> | | | |
| If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed: Human Services <input type="checkbox"/> Housing <input type="checkbox"/> Health Care <input type="checkbox"/> Science <input type="checkbox"/> Library Services <input type="checkbox"/> Growth Management <input type="checkbox"/> Tourist Development <input type="checkbox"/> Transportation <input type="checkbox"/> Bicycle/Pedestrian <input type="checkbox"/> Metropolitan Planning Organization <input type="checkbox"/> Other Areas _____ | | | |
| Have you served on any previous Leon County committees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If Yes, on what Committee(s) have you served? <u>Dangerous Animal</u> | | | |
| How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> 6 or more What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night | | | |
| (OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals. Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Age: <u>41</u> Disabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.fl.us | | | |

18

RECEIVED BY
SEP 21 2004
LCDAC

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

Board appointed to the Dangerous Animal Committee. I have extensive knowledge of this community, Leon Co. Ordinance and State law, especially relating to animal care, control & procedures. Certified ACO 1992, with certifications in chemical capture & cruelty investigations. Completed High School 1976. Member of the Leon Co. Employee Innovation Committee. My goal is to be a positive member to the committee(s) and community.

References (you must provide at least one personal reference who is not a family member):

Name: Rene Barrett Telephone: 421-8347

Address: 1517 Amberst St. Tall. Fla. 32305

Name: Jimmy Hall Jr. Telephone: 528-6017

Address: 14033 Rococo Rd. Tall. Fla. 32309

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

Have you completed the Orientation? ☒ Yes ☐ No

Are you willing to complete a financial disclosure form, if applicable? ☒ Yes ☐ No

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee? ☐ Yes ☒ No If yes, from whom? _____

Do you anticipate that you would be a stakeholder with regard to your participation on a Committee? ☐ Yes ☒ No

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts? ☐ Yes ☒ No If yes, please explain _____

Do you or your employer, or your wife or child or their employers, do business with Leon County? ☐ Yes ☒ No If yes, please explain _____

Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? ☐ Yes ☒ No If yes, please explain _____

All statements and information provided in this application are true to the best of my knowledge.

Signature: Judith Mc Murtry

Please return Application to

Christine Coble, Agenda Coordinator
Leon County Board of County Commissioners
301 South Monroe Street
Tallahassee, FL 32301